

Minutes for Mental Health Planning Council, Oct 1st, 2008

10:08 AM Called to order

Attendees

Alison Hymes, Betty Etzler, James Johnson, Ann Cutshaw, Will Ferriss, George Banks, Bonnie Neighbour, Ann Benner, Melissa Harless, Michael Pendrak, Malaina Poore, Katherine Hunter, Donna-Sue Harmon, Pierre Ames, Susan Williams, Donna Wenzel, Anne Burhans, Sharon Rogers, Jo-Amrah McElroy, Brian Parrish

Guests Sarah Eisenman, Anne Burhans, Donna Wenzel, Sherry Rose, Elizabeth Breeden, Tom Von Hemert

Public Comment

Michael Pendrak now the new chair of Membership Committee

Oct 10 – City Space Open House for On Our Own Charlottesville

Oct 9 Sherry Mead gives a talk at City Space in Charlottesville

Melissa Harless' partner gives a talk today on being a family member of a consumer when police are involved

Civil Rights Denied to the Elderly flyers handed out. Council is trying to start an older adults committee presently

Oct 16 VOCAL members meeting 12:15 until 3:15 at downtown Charlottesville Library ,with open house to follow at 114 Goodman St.

New Midway Manor support group - All Are Welcome, 4:30 on Tuesdays

Nominations

Alison Hymes nominated by Brain Parrish

VP Adult Services Melissa Harless nominated by Alison Hymes

VP Children Services Dawn Gerard and Michael Pendrak by Alison Hymes

Secretary Patrice Beard nominated by Pierre Ames

Vote takes place at next meeting.

Dept. of Mental Health Update

Will Ferriss presented- Jim Martinez at VACSB meeting. General Assembly funds (\$10 mil per year, divided between 40 CSBs, the smallest slice would be about \$150,000. (\$54,000 is enough for 1 FTE (full-

time equivalent employee)) for staffing for MOT and commitment hearings, though there have been very few mandatory outpatient commitments thus far. Forty boards gave plans for how they would spend funding. Started July 1, still finalizing. First report due in a few weeks. B. Parrish asks if transitional monies made available may be used for peer services for transporting patients. Will Ferris does not have a definite answer but believes the answer may be no, because it is run through local Sheriff's office.

Alison asks how we can find out who is on the new committees of the Commission on Mental Health Law Reform? Will said members are being added but DMHRSAS is involved in the committees and someone should be able to get the names and members of committees. It is also asked if the public can see the plans of the CSB's receiving funds plan to use the money? Will said yes, if it is requested, he would think so.

Budget - Each agency showed what they would cut if budgets were cut by 5%, 10% and 15%. DMHRSAS is hopeful they will not experience too much loss. When cuts are decided, we will hear. North Highlands Group has been hired to consult on how to efficiently make cuts/save money in Social Services, Health Dept, DMHRSAS. VA DMHRSAS is one of the most low-cost offices of its sort in the nation according to Will Ferris. Training Centers should not be affected because Medicaid pays. Staff will be laid off/other services will be affected by cuts, no doubt. Secretary and Governor are well aware of MH needs in the state. Virginia has a constitutional duty to keep budget balanced. State can retract awards and contracts given. House and Senate passed continuing resolutions that protect Federal MH Block grant for this upcoming fiscal year. July 1 this budget year started, some cuts have started in terms of travel for State employees, etc. Budget must be balanced in two years. Governor gets the final say. Medicaid comes from State General fund and CMS may reduce the comprehensiveness of programs. Block grant does not cover in-patient services or what happens within institutions or construction of any sort.

Break From 11:35 until 11:50

Request to move meeting out of October for next year due to scheduling difficulties. (To be discussed next year)

School Mental Health SAMSA report available Via Katherine Hunter

James Johnson went to Peer Specialist conference in Philadelphia. Information given was similar to what is talked about here. "More people are being committed than being released" in Philadelphia. Focus was mainly on Philadelphia area. More services are needed. Recovery movement has been in action 20 years.

Planning council has money available to send members to conferences if they come back and speak about it to the council.

Susan Williams introduced herself as the state psychologist for parolees in the state. Donna Wenzel introduced herself as a nurse and family member of a consumer. Sharon Rogers from VCU.

Lunch 12 until 1

Presentation by Aimee Bower of Project Horizon in Lexington “Dynamics of Domestic Violence”

Intimate Partner Violence – assaultive and coercive behaviors by one partner over the other.

Myths- battering does not affect children, caused by momentary loss of temper, drugs and alcohol (though does add risk), provoked by victim, women are the only victims, abuse ends when the partner leaves, it is easy for a partner to leave their abuser (they are actually at greater danger), abuse allegations increase in divorce, men who batter do so in all relationships (though they are still likely to abuse in intimate relationships), the abuser has no control

Facts – battering programs work (rather than anger management), child abuse is 15 times more likely in a home where battering occurs, and batterers are twice as likely to seek physical custody of children (control issue)

The Dynamics of Abuse – Power and Control Wheel (attached) At the center is Power and Control. Coercion and threats, intimidation, emotional abuse, isolation, male privilege, economic abuse, using children, minimizing, denying and blaming are ways of yielding power and control.

Male Privilege – Different cultures have different ideas in this area. Better to hear what the person has to say and focus on other points. It helps to be repetitive with a person who will go home to a different viewpoint. There are programs in place for Veterans, on and off base.

Who Are Victims and Batterers – there is no stereotype on either side

Factors that Influence Victims- Loss of status, money, good times, family, religion, kids, culture, fear (of being alone, of not being able to make ends meet, fear of abuser)

IPV and People with Disabilities – Women with disabilities are at a 40% greater risk of being abused (sexual abuse is most common)

Risk Factors for Women with Disabilities – Reliance on others, learned compliance, communication barriers, increased isolation, decreased credibility, lack of relationship education, risk of institutionalization

Some programs in place for police, schoolchildren and others in programs. There is a feeling in the room that even more needs to be done, especially where law enforcement and judicial systems are involved.

Issues with Depression in Battered Women – Diagnostic issues, PTSD, labeling issues, child custody issues, medication issues, other treatment issues, interaction of biochemical and environmental (For most women depression lifts as abuse lessens)

PTSD in Battered Women – Hyper-arousal (startle response, hyper vigilance, stress related physical symptoms, substance abuse as self medication), Re-experiencing the trauma (trouble sleeping, “affective” flashbacks, Avoidance of stimuli associated with event (Dissociation rare unless learned in childhood, “denial”)

Barriers to Seeking Support – Embarrassment, support not available, lack of accessible resources, fear of losing custody of children, concern about not being believed, abusive person often gives assistance, fear of being institutionalized

Collaboration – Routinely inquire about violence, ask direct questions, ask indirect questions, Safety plans, offer referrals and info

Routinely Inquire About Violence – even if physical indicators are absent, use private setting, add in other routine inquiries, use framing questions (let them know its “routine”)

ASK DIRECT QUESTIONS – Validate and be non-judgmental, use culturally appropriate language, examples, “Are you ever afraid? Is it safe to go home? Is there a person who threatens you?” Ideally programs will work together and referrals will be made to Domestic Violence Shelters/programs as needed.

Ask Indirect Questions – How are things going in your relationship? Do you argue? Does it become physical? Are you ever afraid? Are you ever threatened?

Questions NOT to Ask – Why do you? How can you? Opinions and judgments.

Safety Plan – Safe people, communication (sneaky messages to communicate, such as leaving a certain light on when there is trouble, etc), transportation, exit plan, important items (medications, id’s, documentations, account numbers), help them help the kids make a safety plan, follow-up

RESOURCES www.vsdvalliance.org 800-838-8238

Next meeting December 3, 2008 at Region 10 in Charlottesville. Final meeting for 2008.

Adjourned at 3 PM